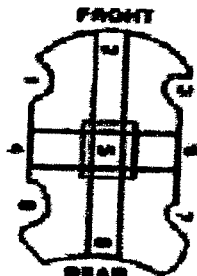


RM - 1B

Print or Type only		State of New Jersey Vehicle INCIDENT Form			
Incident Date / /	Day of Wk.	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Police Dept. or Agency Investigating Incident		
Location of Accident (Municipality)			Route # or Name of Street		
County			Intersecting Street, Road or Railroad		
State Vehicle					
State Driver (Last Name)		(First Name)		(Middle Initial)	
					Phone Number ()
Home Address (Number)		(Street)		(City)	(State) (Zip)
Social Security Number	Age	Sex	Driver's License Number	State	Agency
Made of Vehicle	Year of Vehicle	License Plate / SG #		Vehicle Owner / Lessor	
Owner's Address (Number)		(Street)		(City)	(State) (Zip)
VANDALISM: YES <input type="checkbox"/> NO <input type="checkbox"/>			STOLEN: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Description of INCIDENT Refer to Vehicles by number - Give direction and approximate speed of each vehicle. Include description of property damaged other than vehicle damage <div style="border: 1px solid black; height: 150px; width: 100%; margin-top: 10px;"></div>					
					
AREAS DAMAGED V1 V2 10 Undercar Damage <input type="checkbox"/> <input type="checkbox"/> 11 Overturned <input type="checkbox"/> <input type="checkbox"/> 12 Totaled <input type="checkbox"/> <input type="checkbox"/> 13 None or Unknown <input type="checkbox"/> <input type="checkbox"/> 14 Other <input type="checkbox"/> <input type="checkbox"/>					
			Add supplemental Sheets as necessary		
WITNESS			APPROVAL		
Name	Address	Phone # ()	Signature of Driver	Date	Title
					Phone # ()
Name	Address	Phone # ()	Signature of Driver's Supervisor	Date	Title
					Phone # ()
Name	Address	Phone # ()	Signature of Veh. Coordinator	Date	Title
					Phone # ()

PRINT ON GREEN PAPER, SIGN AND FORWARD TO FLEET VEHICLE COORDINATOR

STATE OF NEW JERSEY
EMPLOYER'S FIRST REPORT OF ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE
REPORTING INSTRUCTIONS

This form (in triplicate) must be completed by the injured employee and the supervisors* within 24 hours of the accident in the following cases: (1) accidental injury causing an absence from work beyond the day of injury, or (2) medical treatment by a doctor or hospital, or (3) occurrence of an occupational disease due to working conditions, whether or not time is lost. Mail promptly to your personnel department. In case of fatal or serious injury (hospital admission), immediately notify the personnel office by telephone. Retain the blue copy for your records and forward all other copies to your personnel department per your departmental procedures.

The personnel department shall review the report for completeness and accuracy and file the original (yellow) copy no later than three days after the injury occurred, with the Bureau of Risk Management, Department of Treasury.

*NOTE: If the employee is too severely injured to complete the report, the employee's supervisor will complete the report within the 24 hour time span and submit it to personnel.

ORIGINAL (YELLOW) TO: → DEPARTMENT OF TREASURY
BUREAU OF RISK MANAGEMENT
ONE WEST STATE STREET
CN 620
TRENTON, N. J. 08625

DUPLICATE (PINK) RETAINED BY: DIVISION OF PERSONNEL
DUPLICATE (BLUE) RETAINED BY EMPLOYEE'S RECORD

- 0 **First Aid Or Other Nonrecordable Cases:** Indicates that treatment by a licensed physician and time off work were not necessary.
- 1 **Medical Treatment Case:** Indicates that treatment by a license physician was required, but no time off work, than day of injury, for recovery.
- 5 **Lost Work Day Case:** Indicates that time off work, beyond day of injury, for recovery was necessary.
- 9 **Fatality Case:** Employee died from injuries received.

FOR EMPLOYEE'S SUPERVISOR USE
TABLE C—Unsafe Act or Hazardous Condition Classification

- B1 - Failure to use available personal protective equipment
- C1 - Failure to wear safe personal attire (wearing high heels, loose hair, long sleeves, loose clothing, etc.)
- D - Failure to secure or warn
- E1 - Horseplay (distracting, teasing, abusing, startling, quarreling, practical joking, throwing material, showing off, etc.)
- E2 - Under the influence of alcohol, drugs or medication
- F1 - Assault from fight, hold-up, robbery, client, inmate
- G - Improper use of equipment
- H - Improper use of hands or body parts
- J1 - Inattention to footing or surroundings
- K - Making safety devices inoperative
- L - Operating or working at unsafe speed
- M - Taking unsafe position or posture
- N - Driving errors (by vehicle operator or public roadways.)
- P - Unsafe placing, mixing, combining, etc. (e.g. box improperly placed, piled in proper area falling on employee.)
- Q - Using unsafe equipment (e.g. equipment tagged as defective or obviously defective.)
- R - Defects of equipment, tools, materials, or work area. (Generally the opposite of the desirable and proper characteristic, such as being dull when it should be sharp.)
- V - Placement hazards (materials, equipment, telephone wires, etc., placed in wrong areas, aisles, etc.)
- W - Inadequately guarded
- X - Hazards of outside work environments-other than public hazards (encountered while working in or on premises not controlled by the employer and not arising from the activities of the injured or his co-employees or from the tools, materials, or equipment used in those activities.)
- Y - Public hazards (encountered in public places away from employers' premises) including public transportation.
- Z9 - Other (describe)